U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1	For Official Use Only REC'D
	( JUL 182995 )
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1. File Number U - 3/05

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

1/01/04 Through: 12/31/04

Name Stephen R Chapman	Name COMMUNICATIONS WORKERS OF Labor Organization File Number DOD/88
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5257 Nebraska Ave., NW	Street 501 3RB ST., NW, 1044 FLOOR
City WASHINGTON	City WASHINGTON
State DC ZIP Code + 4 200/5-1323	State DC ZIP Code + 4 2000/-27
Enter appropriate data below if, during the past fiscal year, you or your spot	Media Campaign Coordinator use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.D. Antount.
City	
State ZIP Code + 4	
Sign:	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

File Number U- 3/05

of an employer whose employees your labor organization represents or is actively seeking to represent, or  (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	C. Estiployer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name MARKTUMINARO	FIRM THAT WORKED WITH US IN PREPARING A VIDEO SENT ME		
Trade Name, if any: FIREBRAND PRODUCTION	a large Box of CHOCOLATES		
P.O. Box, Bldg., Room No., if any	LAWES AT approx. \$200.		
street 44 West 74th St., Suite 1c	I shaked contents of gift with all members of work		
on Maria Moder	With all married		

DFFICE

14.b. Amount of payment.

State

New YORK

NY

13.b. Is the Business an Employer

ZIP Code +4 /0023

or Consultant

Approx. \$200